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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Proposed Project: Toolkit Protocol for the Crisis Counseling Assistance and Training Program (CCP) – Revision

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) will create a toolkit to be used for the purposes of collecting data on the Crisis Counseling Assistance and Training Program (CCP). The CCP provides supplemental funding to states and territories for individual and community crisis intervention services during a federal disaster.

The CCP has provided disaster mental health services to millions of disaster survivors since its inception and, as a result of 30 years of accumulated expertise, it has become an important model for Federal response to a variety of catastrophic events. State CCPs, such as the recent 2009 Project A'apa Atu (for the Tsunami in American Samoa), 2010 Tennessee Recovery Project (following devastating flooding), Healing Joplin and Project Rebound

(following the 2011 tornadoes in Joplin, Missouri and Alabama), and most recently the multiple CCPs that resulted from 2011 Hurricane Irene, and flooding throughout the summer of 2011 have primarily addressed the short-term mental health needs of communities through (a) outreach and public education, (b) individual and group counseling, and (c) referral.

Outreach and public education serve primarily to normalize reactions and to engage people who might need further care. Crisis counseling assists survivors to cope with current stress and symptoms in order to return to predisaster functioning. Crisis counseling relies largely on “active listening,” and crisis counselors also provide psycho-education (especially about the nature of responses to trauma) and help clients build coping skills. Crisis counseling typically continues no more than a few times. Because crisis counseling is time-limited, referral is the third important functions of CCPs. Counselors are expected to refer clients to formal treatment if the person has developed more serious psychiatric problems.

Data about services delivered and users of services will be collected throughout the program period. The data will be collected via the use of a toolkit that relies on standardized forms. At the program level, the data will be entered quickly and easily into a cumulative database to yield summary tables for quarterly and final reports for the program. We have confirmed the feasibility of using scanable forms for most purposes. Because the data will be collected in a consistent way from all programs, they can be uploaded into an ongoing national database that likewise provides CMHS with a way of producing summary reports of services provided across all programs funded.

The components of the tool kit are listed and described below:

- Encounter logs. These forms document all services provided. Completion of these logs is required by the crisis counselors. There are three types of encounter logs: (1)

Individual/Family Crisis Counseling Services Encounter Log; (2) Group Encounter Log; and (3) Weekly Tally Sheet.

- Individual/Family Crisis Counseling Services Encounter Log. Crisis counseling is defined as an interaction that lasts at least 15 minutes and involves participant disclosure. This form is completed by the Crisis Counselor for each service recipient or family, defined as the person or persons who actively participated in the session (e.g., by verbally participating), not someone who is merely present. For families, complete only one form to capture all family members who are actively engaged in the visit. Information collected includes demographics, service characteristics, risk factors, and referral data.
- Group Encounter Log. This form is used to identify either a group crisis counseling encounter or a group public education encounter. A check at the top identifies the class of activities (i.e., counseling or education). Information collected includes services characteristics, group identity and characteristics, and group activities.
- Weekly Tally Sheet. This form documents brief educational and supportive encounters not captured on any other form. Information collected includes service characteristics, daily tallies and weekly totals for brief educational or supportive contacts, and material distribution with no or minimal interaction.
- Assessment and Referral Tool. This tool provides descriptive information about intense users of services, defined as all individuals receiving a third individual crisis counseling visit. This tool will be used beginning three months postdisaster and will be completed by a licensed mental health professional.

- **Participant Feedback.** These surveys are completed by and collected from a sample of service recipients, not every recipient. A time sampling approach (e.g., soliciting participation from all counseling encounters one week per quarter) will be used. Information collected includes satisfaction with services, perceived improvements in self-functioning, types of exposure, and event reactions.
- **CCP Service Provider Feedback.** These surveys are completed by and collected from the CCP service providers anonymously at six months and one year postevent. The survey will be coded on several program-level as well as worker-level variables. However, the program itself will be identified and shared with program management only if the number of individual workers was greater than 20.

Highlights of the propose revisions, based on public comments received from the 60-day review:

- The previous Individual Crisis Counseling Services Encounter Log is now revised to Individual/Family Crisis Counseling Services Encounter Log. Previously, when encountering a family, crisis counselors would complete a separate Individual Encounter Log for all family members participating in the encounter. It is anticipated that the new form will reduce the burden of completing so many Individual Encounter Forms by 30% or more, by allowing crisis counselors to complete just one form on the family unit. Consequently, the name of the form, many of the fields, and the instructions have been revised to align with this change.
- In response to public comment a new field within the demographics has been added to capture aggregate level information on persons with disabilities or other functional or access needs. This new field is now included on the Individual/Family Crisis Counseling

Encounter Log, Group Encounter Log, Adult Assessment and Referral Tool and Child/Youth Assessment and Referral Tool. The forms also provide the statutory definition within the instructions.

- To encourage compliance with program guidelines that Crisis Counselors conduct outreach in pairs, we have added an additional field for a Crisis Counselor to record their employee number
- In order to better classify services and contacts made by phone, a new field was created on the Weekly Tally Sheet to capture and distinguish the type of telephone contact being recorded. Additionally, under location of service for the remaining forms, a checkbox has been added underneath the Phone Counseling section, for respondents to indicate if the phone counseling session was “Hotline, helpline, or crisis line.”
- In order to better understand the number of individual or families that were displaced following the disaster, we have separated permanent home and temporary home by adding a “home (permanent)” option as a separate selection for location of service on all forms, except the Weekly Tally Sheet, where this field does not apply.
- In order to capture the helpfulness/usefulness of the program and the resources, referrals, and services provided, questions were added to the Participant Feedback Form.
- A new field was added to the Individual/Family Encounter Log and Group Encounter Log to capture the materials distributed as part of an individual, family, or group encounter “Were materials (flyer, brochure, handouts, etc.) provided to this/these participant(s)?” This will reduce confusion among crisis counselors and reduce the burden of having to count the materials and complete a second form (the Weekly Tally Sheet) for materials distributed as part of the encounter.

- For the Adult and Child/Youth Assessment and Referral Tools, language and guidance has been provided that “*The Child Assessment Tool and the Adult Assessment Tool must be administered by **licensed** mental health professionals. Paraprofessionals may **not** administer these tools*”.

Estimates of Annualized Hour Burden.

Form	Number of respondents	Responses per respondents	Hours per responses	Total hour burden
Individual Crisis Counseling Services Encounter Log	200	196	.08	3,136
Group Encounter Log	100	33	.07	231
Weekly Tally Sheet	200	33	.2	1,320
Assessment and Referral Tools	200	14	.25	700
Participant Feedback Survey	1,000	1	.25	250
Service Provider Feedback Survey	100	1	.25	25
Total	1,800			5,662

Written comments and recommendations concerning the proposed information collection should be sent by [INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER] to the SAMHSA Desk Officer at the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB). To ensure timely receipt of comments, and to avoid potential delays in OMB’s receipt and processing of mail sent

through the U.S. Postal Service, commenters are encouraged to submit their comments to OMB via e-mail to: OIRA_Submission@omb.eop.gov. Although commenters are encouraged to send their comments via e-mail, commenters may also fax their comments to: 202-395-7285. Commenters may also mail them to: Office of Management and Budget, Office of Information and Regulatory Affairs, New Executive Office Building, Room 10102, Washington, D.C. 20503.

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Statistician

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